

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:

County WashingtonCity or town Breathesville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 days

Hospital, institution, or street address where death occurred:

Maryland State Reformatory for MalesHow long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D. C. County _____City or town Washington
(If outside city or town limits, write RURAL and give nearest town)Street No. 624 K St., S. E.
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Therone Austin

3. (b) Social Security Number

4. Sex <u>Male</u>	5. Color or race <u>Negro</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
-----------------------	----------------------------------	--

6. (b) Name of husband or wife Beatrice Gill Austin6. (c) If alive, give age 24 years7. Birth date of deceased (mo., day, yr.) August 1, 1920

8. AGE:	Years	Months	Days	If less than one day
	<u>27</u>	<u>7</u>	<u>19</u>	_____ hrs. _____ min.

9. Birthplace Inman, S. C.
(Town, county, and state)10. Usual occupation Laborer

11. Industry or business _____

12. Name Raymond Austin (Deceased)13. Birthplace South Carolina14. Maiden name Unknown (Rena Austin)15. Birthplace South Carolina

16. Informant _____

Address _____

17. Burial Date thereof 3/22/48
(Burial, cremation, or removal, Write?) (month) (day) (year)Cemetery or crematory Woodlawn CemeteryLocation Washington, D. C.18. Funeral director W. H. KoffmanAddress Washington, D. C.19. Mar. 20 19 48 John H. Best
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 19 48 at 7:02 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3-19 19 48 to 3-19 19 48
and that I last saw him alive on 3-19-48Immediate cause of death Tuberculosisa. pulmonary
b. peritonitis, TB

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Antopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

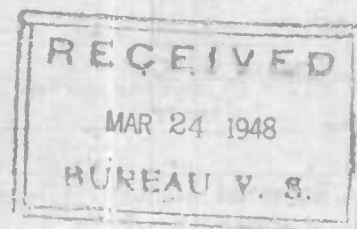
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Robert F. KeadleAddress W. Wash. Date signed 3-20-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82

03147

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
519 West Washington Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 519 West Washington Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Charlotte Zinkand Barron

3. (b) Social Security Number

214-09-7210

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1886

8. AGE: Years 61 Months 10 Days 16 If less than one day
 hrs. min.

9. Birthplace Hagerstown, Wash. Co. Md.
 (Town, county, and state)
box maker

10. Usual occupation

11. Industry or business

FATHER 12. Name Andrew J. Zinkand
 13. Birthplace Hagerstown, Maryland

MOTHER 14. Maiden name Emma Ensminger
 15. Birthplace Williamsport, Maryland

16. Informant Richard Barron
 Address Hagerstown, Maryland

17. Burial Date thereof 3-6-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery
Hagerstown, Maryland
 Location

18. Funeral director C. M. Suter & Sons
 Address Hagerstown, Maryland

19. Mar 4, 1948 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3, 1948 at 11:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Oct 1947 to Mar 3, 1948
 and that I last saw him alive on March 1, 1948

Immediate cause of death

DURATION

Transverse myelitis 2 yrs
 Due to Autopsy undetermined

Due to

Other conditions Large decubital ulcer
infection
 (Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. J. Layman, M.D.
 Address Hagerstown Mo Date signed 3 Mar 1948
 M.D. or other

RECEIVED

MAR 6 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

03148

306

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:

County WashingtonCity or town Pondokville md
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 40 yrsHospital, institution, or street address where death occurred: —How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Pondokville md
(If outside city or town limits, write RURAL and give nearest town)Street No. none - Smithsburg #2
(If rural, give LOCATION)2.(a) If veteran, name war none

3. (a) FULL NAME

George Martin Beck

3. (b) Social Security Number

214-09-1695-4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married8. (b) Name of husband or wife Rene Elizabeth Beck7. Birth date of deceased 3-21-1887 8. (c) If alive, give age 61 years8. AGE: Years 60 Months 11 Days 22 It less than one day — hrs. — min.9. Birthplace Leavittown md
(Town, county, and state)10. Usual occupation Central Time Worker11. Industry or business —12. Name David Beck13. Birthplace Near Leavittown md14. Maiden name Susan Hinters15. Birthplace Near Leavittown md16. Informant Rene Elizabeth BeckAddress Smithsburg md17. Burial Date thereof 3-16-1948
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory SmithsburgLocation Smithsburg md18. Funeral director Geo B HooverAddress Smithsburg md19. Mar 13 19 48 Do W Ferguson
(Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 13 19 48 at 5:45 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 1 19 48 to Mar 13 19 48and that I last saw him alive on Mar 13 19 48Immediate cause of death Spasm of EsophagusDue to Upper esophageal CardiacDue to abnormal of esophagusOther conditions —

(Include pregnancy within 3 months of death)

Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) (County) (State)Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE G G K Opler M. D. or otherAddress Smithsburg Date signed 3/13/48

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MAR 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03149

Reg. Dist. No.

304

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Rural - Hancock
(If outside city or town limits, write RURAL and give nearest town)Street No. Star Route

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Fern Olleze Bishop

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Infant

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Mar. 15, 1948

6. (c) If alive, give age

8. AGE:

Years

Months

Days

If less than one day

8 hrs. 30 min.9. Birthplace Hagerstown, Wash. Co., Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name George Edward Bishop13. Birthplace Warfordsburg, Penna.14. Maiden name Susie Virginia Yunker15. Birthplace Plum Run, Penna.16. Informant George Edward BishopAddress Star Route, Hancock, Md.17. Burial Date thereof Mar. 18, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rehobeth Meth.Location Fulton Co. Penna. - near Hancock, Md.18. Funeral director Charles R. BastAddress Hancock, Md.19. 3/17-48 19 48
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 15 19 48 at 9:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 15 19 48 to Mar 15 19 48and that I last saw him alive on Mar 15 19 48

Immediate cause of death

AsphyxiaCaesarian birthDue to Advanced ageof mother

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

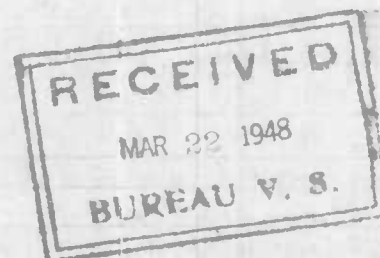
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE R. M. Shaffer, M.D.Address Hancock, Md.Date signed 3/17/48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 DaysHospital, institution, or street address where death occurred:
Washington County HospitalHow long in hospital or institution? 3 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Williamsport
(If outside city or town limits, write RURAL and give nearest town)Street No. 211 South Artizan St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Agnes Crawford Brant

3. (b) Social Security Number

215-14-21114. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Edgar Howard Brant6. (c) If alive, give age 50 yrs. years7. Birth date of deceased (mo., day, yr.) July 14, 18998. AGE: Years 48 Months 8 Days 3 If less than one day
..... hrs. min.9. Birthplace Williamsport, Washington, Maryland
(Town, county, and state)10. Usual occupation Housewife11. Industry or business At Home12. Name Joseph H. Taylor13. Birthplace Williamsport, Maryland.14. Maiden Name Nancy Barber15. Birthplace Wilson, Maryland.16. Informant Mr. Edgar H. BrantAddress 211 S. Artizan; Williamsport, Md.17. Burial March 21, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Greenlawn CemeteryLocation Williamsport, Maryland18. Funeral director Mrs. Edith V. LeafAddress Williamsport, Maryland.19. Mar. 19, 1948
(Date rec'd by registrar) Registrar Elizabeth Bowers

MEDICAL CERTIFICATION

20. DATE OF DEATH MARCH 17 19 48 at 5:05 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
MARCH 15 19 48 to MAR. 17 19 48
and that I last saw him/her alive on MAR. 17 19 48Immediate cause of death Acute Pancreatitis DURATION 4 daysCholecystitis, chronic
Cholelithiasis } 1 yr +

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations Acute Pancreatitis & fat
Necrosis; gallstones Date of op. MAR. 16, 48Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Richard V. Hawver M. D. or otherAddress Hagerstown, Md Date signed 3/19/48

MASSACHUSETTS DEPARTMENT OF HEALTH

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MAR 22 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03151

Reg. Dist. No.

1. PLACE OF DEATH:

County Washington

City or town Cascade
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 32 days

Hospital, institution, or other address where death occurred:
Potomac Hospital

How long in hospital or institution? 32 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1829 E. Madison St.
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Adolphus Browne

3. (b) Social Security Number

4. Sex M 5. Color or race Negro 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Helen

6.(c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) 5/23/06

8. AGE: Years 41 Months 09 Days 21 If less than one day _____ hrs. _____ min.

9. Birthplace Roxboro, N.C.
(Town, county, and state)

10. Usual occupation Unemployed

11. Industry or business

12. Name John Brown

13. Birthplace Roxboro, N.C.

14. Maiden name Mary Jordan

15. Birthplace Roxboro, N.C.

16. Informant Burine

Address 3-20-48

17. (Burial, cremation, or removal, which?) Buried Date thereof 3-20-48
(month) (day) (year)

Cemetery or crematory St. Albans Ceme.

Location Broadway, Md.

18. Funeral director Elroy O. Wilson

Address 1000 Brantley Ave

19. 3/19 48 D.W. Hedrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 15 19 48 at 10:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 11 19 48 to Mar 15 19 48 and that I last saw him alive on Mar 15 19 48

Immediate cause of death Coronary Heart Failure DURATION ?

Hypertension ?

Due to Chronic glomerulonephritis ?

Other conditions Carcinoma of larynx

(Include pregnancy within 3 months of death)

Major findings of operations Johns Hopkins Hosp Date of op. ?

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE J.M. Armstrong, M.D. M. D. or other

Address Potomac Hospital Date signed 3/15/48

Cascade, Md.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1640

CERTIFICATE OF DEATH

Dr. Wells

03152

Reg. Dist. No. 308

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

931 Hamilton BoulevardHow long in hospital or institution? --

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 931 Hamilton Blvd.
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

ALBERT WADE BUFFINGTON

3. (b) Social Security Number

208-14-4383

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed6.(b) Name of husband or wife Margaret6.(c) If alive, give age --- years

7. Birth date of

deceased (mo., day, yr.)

September 9, 1882

8. AGE:

Years

Months

Days

It less than one day

65519hrs.min.9. Birthplace Brookville, Jefferson Co., Pa.
(Town, county, and state)10. Usual occupation Plumber11. Industry or business Own Business12. Name George D. Buffington13. Birthplace Brookville, Pa.14. Maiden name Louise O. Jackson15. Birthplace Pittsburgh, Pa.16. Informant Louise HinschAddress Hagerstown Md.17. Removal Date thereof 3/9/48
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Brookville Cemetery Co.Location Brookville, Jefferson Co., Pa.18. Funeral director Andrew K. CoffmanAddress Hagerstown Md.19. Mar. 9, 48 19 48 Black H. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

ABOUT20. DATE OF DEATH March 8, 1948, at 10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 48, to 19 48and that I last saw him alive on 19

Immediate cause of death

DURATION

Gunshot wound of skull
(suicide)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 3/8/48Where did injury occur? Hagerstown Wash. Md.
(City) (town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Shot self 410 gauge No23. SIGNATURE S. Robert Wells DEPUTY MEDICAL EXAM.
WASH. CO., MD.
M. D. of 23/9/48Address Hagerstown, Md. Date signed 3/9/48

RECEIVED

MAR 11 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03153

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 22 years
 Hospital, institution, or street address where death occurred:
437 Antietam St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 437 Antietam St.
 (If rural, give LOCATION)
 2. (a) If veteran, name war 2 nd World war

3. (a) FULL NAME

Hubert Lee Burkner

3. (b) Social Security Number

220-16-0198

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

July 12, 1925

8. AGE:

Years 22

Months 8

Days 1

It less than one day

hrs. min.

9. Birthplace Hagerstown, Wash. Co. Md.
(Town, county, and state)10. Usual occupation Sheet metal worker

11. Industry or business

M. P. Moller Co.

MOTHER FATHER

12. Name Herbert M. Burkner13. Birthplace Page Co. Virginia.14. Maiden name Ellen Nora Colvin15. Birthplace Cumberland, Maryland16. Informant Mrs. Ellen Nora BurknerAddress 347 Antietam St. Hagerstown, Md.17. Burial Date thereof March 16, 1948
(Burial, cremation, or removal. Which) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Hagerstown, Maryland18. Funeral director Kred W. KraissAddress Hagerstown, Maryland19. Mar. 16, 1948 Registrar Chas. H. Bowers
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14, 1948 1:10 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

13 March 1948 to 1948and that I last saw him 12 alive on 13 March 1948Immediate cause of death Pneumoniatuberculosis

DURATION

1 yr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Edm. J. B. ... M. D. or otherAddress Hagerstown Date signed 15/3/48

MARGIN RESERVED FOR BINDING

VS A45 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAR 19 1948

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Wm. Layman

03154

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 Weeks
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 2 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 49 Harmons Ave.
 (If rural, give LOCATION)
None
 2. (a) If veteran, name war None

3. (a) FULL NAME

ROBERT EDWARD CHURCHEY

3. (b) Social Security Number

215-26-8151

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single
 6. (b) Name of husband or wife ---
 7. Birth date of deceased (mo., day, yr.) November 24, 1930
 8. AGE: Years 17 Months 3 Days 24 If less than one day hrs. min.

9. Birthplace Hagerstown, Washington Co., Md.
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER
 12. Name Luther E. Churchey
 13. Birthplace Keedysville, Md.
 14. Maiden name Irene Lewis
 15. Birthplace Keedysville, Md.

16. Informant Richard Churchey
 Address Hagerstown, Md.

17. Burial Burial Date thereof 3/21/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown, Md.

18. Funeral director Andrew K. Coffman
 Address Hagerstown Md.

19. Mar. 20. 48 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18, 1948 at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1942 to March 18, 1948 and that I last saw him alive on March 17, 1948

Immediate cause of death Congestive heart failure DURATION 2 days

Due to Rheumatic heart disease acute phase prior to death 2 yrs.

Due to Myocardial infarction at least 6 mo. probably 2 yrs.

Other conditions Myocardial infarction and insulin therapy at least 6 mo. probably 2 yrs.

Major findings of operations Heart grossly enlarged Date of op. ---

Autopsy result Heart grossly enlarged; myocardial infarction

PHYSICIAN: Please underline the cause to which death should be attributed. Pericardial effusion, abdominal effusion

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide --- Date of ---

Where did injury occur? --- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ---

Means of injury --- Injured at work? ---

23. SIGNATURE W. J. Layman, M.D. M. D. or other ---
Hagerstown, Md. Address --- Date signed 15 March 1948

RECEIVED

MAR 23 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1860

03155

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WASHINGTON
City or town HAGERSTOWN
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? LIFE
Hospital, institution, or street address where death occurred:
WASHINGTON COUNTY HOSPITAL
How long in hospital or institution? 18 HRS.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MARYLAND County WASHINGTON
City or town HAGERSTOWN
(If outside city or town limits, write RURAL and give nearest town)
Street No. 718 W. FRANKLIN ST.
(If rural, give LOCATION)
2.(a) If veteran, name war NON-VET

3. (a) FULL NAME

MYRTLE MATILDA CRABILL

3. (b) Social Security Number

NONE

4. Sex FEMALE 5. Color or race WHITE 6.(a) Single, married, widowed, or divorced WIDOWED

6.(b) Name of husband or wife ROSSER C. CRABILL

7. Birth date of deceased (mo., day, yr.) FEBRUARY 5, 1876 6.(c) If alive, give age _____ years

8. AGE: Years 72 Months 1 Days 17 It less than one day _____ hrs. _____ min.

9. Birthplace FREDERICK COUNTY, MD.
(Town, county, and state)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name JOHN MILLER

13. Birthplace MARYLAND

14. Maiden name FRANCES FATHUR

15. Birthplace MARYLAND

16. Informant Claude C. Shank (son)

Address 718 W. Franklin St.

17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof 3/25/48
(month) (day) (year)

Cemetery or crematory Rest Haven

Location Hagerstown, Md.

18. Funeral director W. J. Thorment

Address Hagerstown, Md.

19. Mar 20, 19 48 Chas. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22-48 19____ at 6:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 21-48 19____ to Mar 22-48 19____

and that I last saw him alive on Mar 21-48 19____

Immediate cause of death _____ DURATION _____

Due to Shock following fracture of hip 18 hrs

Due to Chr. Myocarditis 10 yrs

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 3/20/48

Where did injury occur? Hagerstown, Md. (City or town) (State)

Injured at home, farm, industry, public place (where?) apartment

Means of injury when starting car after getting off of bus Injured at work _____

23. SIGNATURE J. W. DeLoach

Address Hagerstown, Md.

or other _____

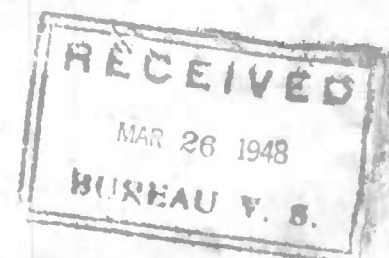
Address _____

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Washington Co. Hosp.

How long in hospital or institution?

11 1/2 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pa. County Fulton

City or town Warfordsburg, Pa.
(If outside city or town limits, write RURAL and give nearest town)

Street No. -----
(If rural, give LOCATION)

2(a) If veteran, name war None ✓

3. (a) FULL NAME Mrs. Pearl J. DeShong

Mrs. Pearl J. DeShong

3. (b) Social Security Number

None

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife M. DeShong

6. (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1901

8. AGE: Years 46 Months ----- Days ----- If less than one day ----- hrs. ----- min.

9. Birthplace Needmore Fulton Co. Pa.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Anderson Mellott

13. Birthplace Needmore Pa.

14. Maiden name Ida Shives

15. Birthplace Needmore Pa.

16. Informant Nebraska DeShong

Address Warfordsburg Pa.

17. Burial Date thereof 3/17/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sideling Hill Christian Cem.

Location Sideling Hill Pa.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Mar. 16 19 48 Black Powers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/15 19 48 at 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 P.M. 3/15 to 5 P.M. 3/15

and that I last saw him alive on 3/15 19 48

Immediate cause of death CEREBRAL HEMORRHAGE

Due to ARTERIOSCLEROSIS

Other conditions -----

Due to -----

Other conditions -----

Due to -----

Other conditions -----

Due to -----

Other conditions -----

Due to -----

Other conditions -----

Due to -----

Other conditions -----

Due to -----

Other conditions -----

Due to -----

Other conditions -----

Due to -----

Other conditions -----

Due to -----

Other conditions -----

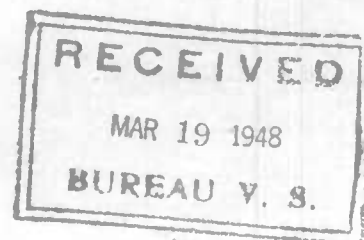
23. SIGNATURE Emeth L. Linn M.D. M.P.
Address West Co Hosp Date signed 3/15/48

MARGIN RESERVED FOR BINDING

VS AJ15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

Dr. Porterfield

0315

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 9 Hours
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 9 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Funkstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Beaver Creek Road
 (If rural, give LOCATION)
 2. (a) If veteran, name war. -----

3. (a) FULL NAME

MRS LILLIE HAMBURG DIEBERT

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Frank Diebert
 7. Birth date of deceased (mo., day, yr.) January 30, 1871 6. (c) If alive, give age 78 years
 8. AGE: Years 77 Months 1 Days 23 If less than one day hrs. min.

9. Birthplace Hagerstown, Washington Co. Md.
 (Town, county, and state)
 10. Usual occupation House Wife
 11. Industry or business Own Home
 12. Name Abraham Hamburg
 13. Birthplace Thurmont Md.
 14. Maiden name Eveline Cover
 15. Birthplace Cascade Md.

16. Informant Mr. Frank Diebert
 Address Funkstown Md.
 17. Burial 3/26/48
 (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown Md.
 18. Funeral director Andrew K. Coffman
 Address Hagerstown Md.
 19. Mar. 26, 48
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23, 1948 at 8 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/30 1946 to 3/23 1948
 and that I last saw him alive on 3/23 1948

Immediate cause of death Cerebral Hemorrhage DURATION 3/23/48

Due to Hypertension
Atherosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

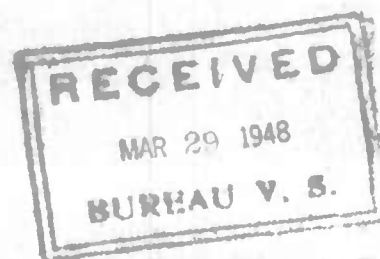
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. S. Porterfield M.D. M. D. or other

Address 136 W. Washington Date signed 3/24/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Ralph Stouffer

03158

Reg. Dist. No. 302

1. PLACE OF DEATH:

County... Washington
 City or town... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 years
 Hospital, institution, or street address where death occurred:
215 West Washington St.
 How long in hospital or institution? --

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Washington
 City or town... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 215 West Washington St.
 (If rural, give LOCATION)
None
 2.(a) If veteran, name war...

3. (a) FULL NAME

EDWARD WILSON DITTO Sr.

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widower
 6.(b) Name of husband or wife --
 6.(c) If alive, give age -- years
 7. Birth date of deceased (mo., day, yr.) August 25, 1869
 8. AGE: Years 78 Months 7 Days 1 If less than one day -- hrs. -- min.

9. Birthplace Fairview Wash. Co. Md.
 (Town, county, and state)
 10. Usual occupation Merchant
 11. Industry or business Retired
 FATHER 12. Name Abram K. Ditto
 13. Birthplace Clear Springs Md.
 MOTHER 14. Maiden name Ann Strite
 15. Birthplace Clear Springs Md.

18. Informant Dr. E.W. Ditto Jr.
 Address Hagerstown Md.

17. Burial Date thereof 3/29/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown Md.

18. Funeral director Andrew K. Coffman
 Address Hagerstown Md.

19. Mar 29, 48 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

P

2D. DATE OF DEATH March 26 1948 19 48 at 2.45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1, 1948 to March 26, 1948
 and that I last saw him alive on March 26, 1948

Immediate cause of death Arterio-sclerotic heart disease DURATION 6 weeks

Due to

Due to

Other conditions Complete heart block 1 day

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. S. Stouffer, M.D. M. D. or otherAddress Hagerstown Md Date signed Mar 27, 1948

RECEIVED

MAR 31 1948

BUREAU Y 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03159

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 40 years
 Hospital, institution, or street address where death occurred:
709 North Mulberry Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 709 North Mulberry Street
 (If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

E. Maude Dutrow

3. (b) Social Security Number

NONE

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Daniel G. Dutrow 6.(c) If alive, give age 62 years
 7. Birth date of deceased (mo., day, yr.) April 9, 1892

8. AGE: Years 55 Months 11 Days 18 It less than one day hrs. min.

9. Birthplace Leitersburg, Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Barry Swope
 13. Birthplace Leitersburg, Maryland

MOTHER 14. Maiden name Anna J. Justice
 15. Birthplace Ohio

16. Informant Daniel G. Dutrow
 Address Hagerstown, Maryland

17. Burial Burial Date thereof 3-30-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rest Haven Cemetery
Hagerstown, Maryland
 Location C. M. Suter & Sons

18. Funeral director C. M. Suter & Sons
 Address Hagerstown, Maryland

19. Mar. 29, 48 Charles Bowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 27, 48 at 4:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 22, 37 to March 27, 48 and that I last saw or alive on March 27, 48

Immediate cause of death coronary thrombosis DURATION 1 hr.
 Due to hypertension
 Due to arteriosclerosis
 Other condition Chronic Bronchitis 11-43
11 yrs.
 (Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results No
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide — Date of —
 Where did injury occur? X X X
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) —
 Means of injury — Injured at work? —

23. SIGNATURE W. Howard Yeager M. D. or other —
 Address Hagerstown, Md Date signed 3-29-48

RECEIVED

MAR 31 1948

BUREAU V. S.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03160

1. PLACE OF DEATH

County WashingtonRegistration Dist. No. 302Village or City Maryland

No. _____

St. _____

Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 24 yrs. _____ mos. _____ ds.

How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Berri H. Eby

If U. S. Veteran, specify WAR _____

(a) Residence: No. _____

Maryland 1st

Ward. _____

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

white5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (Write the word)widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofElizabeth Eby

6. DATE OF BIRTH (month, day, and year)

Mar 26, 1854

7. AGE

Years

93

Months

3

Days

7

If LESS than

1 day, _____ hrs.

or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Retired9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.Farmer10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Lancaster Co Pa

FATHER

13. NAME

Jonas W Eby14. BIRTHPLACE (city or town)
(State or country)Lancaster Co Pa

MOTHER

15. MAIDEN NAME

Susanna Hershey16. BIRTHPLACE (city or town)
(State or country)Lancaster Co Pa17. INFORMANT
(Address)Berri Eby
Carson, Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Reiff

Date

Mar 6, 194819. UNOBTAINER
(Address)Dr. M. M. Munnich
Frederick, Md

20. FILED

Mar 3, 1948
Black Bowers

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 3 -

(Month)

(Day)

1948
(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

1-1-44, 19

to

3-3-4848I last saw him alive on 1-10-48, 19

to have occurred on the date stated above, at _____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Cerebro-vascular disease

Date of onset

1944

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed)

(Address)

Dr. M. M. Munnich
Frederick, Md

M. O.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03161

Reg. Dist. No. 144 306

1. PLACE OF DEATH:

County WashingtonCity or town Caretown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County FredricksCity or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war no ✓

3. (a) FULL NAME

Charles Howard Eyles

3. (b) Social Security Number

no

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

MEDICAL CERTIFICATION

20. DATE OF DEATH Mch. 7 1948 at 10:20 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar 7 1948 to Mar 7 1948and that I last saw him alive on March 7 1948

Immediate cause of death

Pericardial Anemialeucoblastic Hemoglobin

Due to

Due to

Other conditions

Summary of Autopsy 10/4/483 days
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Chas H Eyles M. D. or otherAddress Smithsburg Date signed 3/8/48

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed6. (b) Name of husband or wife Amelia Hardman Eyles7. Birth date of deceased (mo., day, yr.) April 5, 18668. AGE: Years 81 Months 11 Days 2 If less than one day _____ hrs. _____ min.9. Birthplace Eyles Valley Fred Co Md
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name Adam H. Eyles13. Birthplace Eyles Valley Md14. Maiden name Margaret McClain15. Birthplace Eyles Valley Md16. Informant Mrs Lueella SharerAddress Smithsburg Md17. Burial Smithsburg Md Date thereof Mch. 10-1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory H. B. CemeteryLocation Thurmont Md18. Funeral director M. S. Creager SonAddress Thurmont Md19. Mch 9 1948 Blanche S. Eyles Registrar
(Date rec'd by registrar)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03162

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 years
 Hospital, institution, or street address where death occurred:
103 East Howard Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 103 East Howard Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Anne Morgan Faulkner

3. (b) Social Security Number

NONE

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

Hubert A. Faulkner

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

December 19, 1866

8. AGE:

Years

Months

Days

If less than one day

81219

hrs.

min.

9. Birthplace

Frederick, Co. Va.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Home

FATHER

12. Name

Lorenza Hess

13. Birthplace

Washington, Co. Md.

MOTHER

14. Maiden name

Rachael Morgan

15. Birthplace

Tyler Co. W. Va.

16. Informant

J. D. Cackler

Address

Bolivar, West Virginia

17. Cremation

Cremation
(Burial, cremation, or removal. Which?)

Date thereof

March 11, 1948
(month) (day) (year)

Cemetery or crematory

Cedar Hill Crematory

Location

Washington, D. C.

18. Funeral director

C. M. Suter & Sons

Address

Hagerstown, Maryland

19. (Date rec'd by registrar)

Mar. 10, 1948

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 9, 1948

at

M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 15, 1948 to March 9, 1948
 and that I last saw him alive on March 9, 1948

Immediate cause of death

Congestive heart failure

Due to

Myocardial infarction
Cardiovascular disease

Due to

Other conditions

Hypertensive congestive heart failure
both

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. J. Layman, Jr.
100 Chestnut Street, Bldg. M. D. or other
Hagerstown, Md. Date signed 10 March 48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15 T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 12 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03163

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
City or town Hagerstown, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 years
Hospital, institution, or street address where death occurred:
134 West Washington Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 134 West Washington Street
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Harriet Flanagan

3. (b) Social Security Number

NONE

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow
6.(b) Name of husband or wife James Flanagan
7. Birth date of deceased (mo., day, yr.) December 12, 1859 8.(c) If alive, give age years
8. AGE: Years 88 Months 2 Days 18 If less than one day hrs. min.

9. Birthplace Middletown, Pa.
(Town, county, and state)
10. Usual occupation At Home
11. Industry or business

FATHER 12. Name John T. Stipe
13. Birthplace Middletown, Pa.
MOTHER 14. Maiden name Anna Lutz
15. Birthplace Middletown, Pa.

16. Informant Mrs. E. A. Cashman
Address Hagerstown, Maryland
17. Burial Date thereof 3-4-48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Middletown Cemetery
Location Middletown, Pa.

18. Funeral director C. M. Suter & Sons
Address Hagerstown, Maryland

19. Mars. 3. 48 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/1 19 48 at 8:00 P.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 19 46 to 3/1 19 48
and that I last saw him/her alive on 3/1 19 48
Immediate cause of death arterio-sclerosis
infected
glaucoma left
eye
DURATION 4-5
years
Other conditions
(Include pregnancy within 3 months of death)

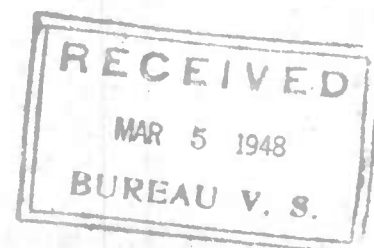
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?
23. SIGNATURE Victor D. Miller
M. D. or other
Address 121 W. WASHINGTON ST
Date signed 3/2-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

MAR 5 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03164

Reg. Dist. No. 304

1. PLACE OF DEATH:

County... WashingtonCity or town... Hancock, Md. R.D.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Penn. County... FRANKLINCity or town... Hancock, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No... R.D. #2
(If rural, give LOCATION)

2.(a) If veteran, name war...

3. (a) FULL NAME

FLUFORD CHARLES Fritz

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widower

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

July 3, 1906

6. (c) If alive, give age... years

8. AGE:

Years

41

Months

8

Days

16

If less than one day

hrs.

min.

9. Birthplace

Franklin Co. Pa.
(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

FATHER

12. Name

Joseph V. Fritz

13. Birthplace

Franklin Co. Pa.

MOTHER

14. Maiden name

Bessie Younker

15. Birthplace

Washington Co. Md.

16. Informant

Address

Mrs. Audrey Johnson
Hancock, Md. R.D. #2

17.

(Burial, cremation, or removal. Which?)

Date thereof

3/12/48
(month) (day) (year)

Cemetery or crematory

Methodist Church, Conn.

Location

Franklin Co. Pa. Hancock, Md. R.D. #2

18. Funeral director

Address

J. W. Linniger
Mercersburg, Pa.

19.

(Date rec'd by registrar)

19.

3/19/48
J. H. Veller

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... March 19, 1948, at 6 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 15-48 to March 19, 48and that I last saw him... alive on March 19-48 19.

Immediate cause of death

Fractured skull

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Accident

Date of

3/19/48

Where did injury occur

R.D. #27 miles east of Hancock, Md.

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

R.D. #2

Means of injury

Auto accident

Injured at work?

23. SIGNATURE

J. W. Linniger

Address

Hagerstown, Md.

Date signed

3/19/48

RECEIVED

MAR 22 1948

BUREAU V. S.

512

Reg. Dist. No. 302

Address: 101 W 1st St / 101 Date signed: 2/3/11

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 2 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03166

Reg. Dist. No. 302

1. PLACE OF DEATH:

County..... Washington
City or town..... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years

Hospital, institution, or street address where death occurred:

2023 Virginia Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland..... County..... Washington

City or town..... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No..... 2023 Virginia Avenue
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Louis Gordievsky

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

Jewish

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Eva. Gordievsky

B. (c) If alive, give age..... years

7. Birth date of

deceased (mo., day, yr.)

February 15, 1870

8. AGE:

Years

Months

Days

If less than one day

78

0

26

hrs.

min.

9. Birthplace

Odessa, Russia
(Town, county, and state)

10. Usual occupation

11. Industry or business

Plumbing & Steamfitting

12. Name

Hyman Gordievsky

13. Birthplace

Russia

MOTHER

14. Maiden name

Ethel Unknown

15. Birthplace

Russia

18. Informant

Mrs. Nathan Raskin

Address

2023 Virginia Avenue

17.

Burial
(Burial, cremation, or removal. Which?)Date thereof..... March 14, 1948
(month) (day) (year)

Cemetery or crematory

Riverside Cemetery

Location

Rocelle Park, N. J.

18. Funeral director

Fred W. Kraiss

Address

Hagerstown, Maryland

19.

Mar. 13, 1948
(Date rec'd by registrar)G. East Bowers
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 12, 1948, at 11:48 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 16, 1947, to March 12, 1948
and that I last saw him alive on March 12, 1948

Immediate cause of death

Arterio-sclerotic
heart disease

DURATION

Due to.....

Due to.....

Other conditions

Asthma

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.....

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Sidney Noversky M.D.

M. D. or other

Address..... Date signed..... 3/13/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 16 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

03167

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 48 Wayside Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

James P. Harter, Jr.

3. (b) Social Security Number

215-26-1894

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Grace Cleo Harter
 7. Birth date of deceased (mo., day, yr.) May 6, 1892
 6.(c) If alive, give age..... years
 8. AGE: Years 55 Months 10 Days 22 If less than one day..... hrs. min.
 9. Birthplace Hagerstown, Wash. Co., Md.
 (Town, county, and state)
 10. Usual occupation Plumber
 11. Industry or business

12. Name James P. Harter
 13. Birthplace Leitersburg, Maryland
 14. Maiden name Alice Heyser
 15. Birthplace Chambersburg, Penna.
 16. Informant Mrs. Grace C. Harter
 Address 48 Wayside Ave. Hagerstown, Md.
 17. Burial Date thereof Mar. 30, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Luthern Cemetery
 Location Leitersburg, Md.
 18. Funeral director Fred W. Kraiss
 Address Hagerstown, Md.

19. Mar. 30, 1948 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28, 1948 19 5:00 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 13, 1948 to March 28, 1948
 and that I last saw him alive on March 27, 1948

Immediate cause of death

Coronary Thrombosis

DURATION

15 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
 (City or town) (County) (State)

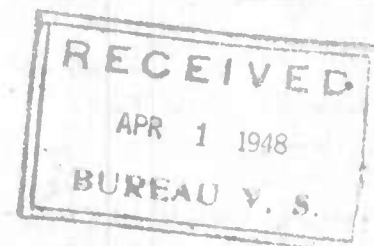
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

RB Nowent M.D.
Hagerstown, Md.
 Address..... Date signed 3/29/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03168

Reg. Dist. No. 302

1. PLACE OF DEATH
 County... **Washington**
 City or town... **Rural Hagerstown**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Enroute to Hospital
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State... **Maryland** County... **Baltimore**
 City or town... **Baltimore**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... **3310 Guinn Falls Pkwy**
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME **GERALDINE**
Geraldine M. Hartsock

3. (b) Social Security Number
185-12-9418

4. Sex **Female** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Married**
 6.(b) Name of husband or wife... **Virgil L. Hartsock Jr.**
 6.(c) If alive, give age... **31** years
 7. Birth date of deceased (mo., day, yr.) **August 3, 1923**
 8. AGE: Years **24** Months **7** Days **23** If less than one day
 hrs. min.

9. Birthplace... **Altoona Blair Co. Pa.**
 (Town, county, and state)
 10. Usual occupation... **Laborer**
 11. Industry or business... **Calvert Distilling Co.**
 12. Name... **Frank Rice**
 13. Birthplace... **Evansburg Pa.**
 14. Maiden name... **Lena Reichard**
 15. Birthplace... **Clearfield Co. Pa.**

16. Informant... **Virgil L Hartsock Jr.**
 Address... **Baltimore Md.**

17. **Removal** Date thereof... **Mar. 27, 1948**
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... **Altoona Pa.**
 Location... **Scott F. Minnich & Son**
Hagerstown Md.
 18. Funeral director
 Address

19. **Mar. 27, 1948** **Black Howard**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION
March 26 **48** **ab** **6:30P**
 20. DATE OF DEATH... 19... at... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19... to 19... and that I last saw him... alive on 19...

Immediate cause of death... **Fractured lumbar spine (closed) Internal hemorrhage and shock**

Due to...
 Due to...
 Other conditions...
 (Include pregnancy within 8 months of death)

Major findings of operations...
 Date of op...
 Autopsy results... **None**
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... **Accident** Date of 3/26/48
 Where did injury occur? **Clearsprings, Wash. Co., Md.**
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) **US Rt. 40**
 Means of injury... **Auto Accident** Injured at work? **No**

23. SIGNATURE... **S. Robert Wells** **D.MED. EXAM**
Hagerstown, Md. **Wash. Co.**
 Address... Date signed... **3/27/48**

MARGIN RESERVED FOR BINDING

9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

03169

301

1. PLACE OF DEATH:

County... WASHINGTONCity or town... TIGHMANSTON, MD.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LIFE

Hospital, institution, or street address where death occurred:

TIGHMANSTON, MD.How long in hospital or institution? Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... WashingtonCity or town... Tighmanston
(If outside city or town limits, write RURAL and give nearest town)Street No. 10
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

ELIZABETH CATHERINE HENNESY

3. (b) Social Security Number

NONE

4. Sex

F.

5. Color or race

W

6. (a) Single, married, widowed, or divorced

WIDOWED

6. (b) Name of husband or wife

RAYMOND HENNESY

7. Birth date of deceased (mo., day, yr.)

4/30/66

6. (c) If alive, give age

DEAD years

8. AGE:

Years

81

Months

11

Days

0

It less than one day

hrs. min.

9. Birthplace MARLOWE, BERKELEY Co., W. VA.
(Town, county, and state)10. Usual occupation HOUSEWIFE11. Industry or business OWN HOME

FATHER

12. Name

JOHN R. RIPLE

13. Birthplace

MARLOWE W. VA.

MOTHER

14. Maiden name

SUZAN RIPLE

15. Birthplace

MARLOWE W. VA.

16. Informant

H. J. HENNESY

Address

TIGHMANSTON, MD.

17.

(Burial, cremation, or removal. Which?)

Date thereof

April 2 48
(month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown, Md.

18. Funeral director

Andrew R. Coffman

Address

Hagerstown, Md.

19.

(Date rec'd by registrar)

March 31, 48Mrs. C. Lee McCoy
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH MARCH 30 19 48, at 7 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3/27/48

19

to

3/30/48

19

and that I last saw him alive on 3/30/48 19

Immediate cause of death

CORONARY OCCLUSION

DURATION

IMMEDIATE

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Joseph P. Young

M. D. or other

Address WILLIAMSPORT, MD. Date signed 3/30/48

RECEIVED

APR 1 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Wells

03170

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 Weeks
 Hospital, institution, or street address where death occurred:
Middleburg Pike
 How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 520 South Cannon Ave
 (If rural, give LOCATION)
 2.(a) If veteran, name war No

3. (a) FULL NAME

MRS. LAURA VIRGINIA HENSON

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife

D. Newton

7. Birth date of

deceased (mo., day, yr.)

Aug. 23, 1872

8. AGE:

Years

Months

Days

If less than one day

75

5

12

hrs.

min.

9. Birthplace

Hagerstown Washington Co. Maryland

(Town, county, and state)

10. Usual occupation

House Wife

11. Industry or business

Own Home

FATHER

12. Name

John L Snyder

13. Birthplace

Hagerstown, Md

MOTHER

14. Maiden name

Elizabeth Smith

15. Birthplace

Hagerstown, Md

16. Informant

Mrs Mildred Sheets

Address

Hagerstown, Md, R. # 4

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof 3/8/48

(month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown, Md.

18. Funeral director

Andrew K. Coffman

Address

Hagerstown, Md.

19. Mar. 8, 1948

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5, 1948, at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 20, 1938 to March 5, 1948and that I last saw him alive on 3-1, 1948

Immediate cause of death

DURATION

coronary arteriosclerosis

2yrs

chr. myocarditis

5 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Address Hagerstown, Md Date signed 3/8/48

RECEIVED

MAR 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Hirshman

03171

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 Months
 Hospital, institution, or street address where death occurred:
627 Frederick Road
 How long in hospital or institution? --

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 627 Frederick Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

MRS MAGGIE ELNORA HORN

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow
 6.(b) Name of husband or wife Frank H.
 6.(c) If alive, give age -- years
 7. Birth date of deceased (mo., day, yr.) April 7 1863
 8. AGE: Years 84 Months 10 Days 29 hrs. -- min.

9. Birthplace Williamsport Wash. Co. Md.
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business Own Home

MOTHER FATHER
 12. Name William Poffenberger
 13. Birthplace Williamsport, Md.
 14. Maiden name Eleanor Hoffman
 15. Birthplace Williamsport, Md.

16. Informant W. Howard Horn
 Address Hagerstown Md.

17. Burial Burial Date thereof 3/9/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown Md.

18. Funeral director Andrew K. Coffman
 Address Hagerstown Md.

19. Mar. 9. 48 Charles H. Howard
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 6 1948 19 48 at 4 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 10 1947 to March 6 1948
 and that I last saw him alive on March 6 1948

Immediate cause of death Senile arteriosclerotic heart disease
 DURATION 1 yr.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE Dr. H. Hirshman MD M. D. or other

Address Hagerstown Date signed 3/8/48

RECEIVED

MAR 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03172 303

1. PLACE OF DEATH:

County WashingtonCity or town Rural - Clear Spring
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 yrs

Hospital, institution, or street address where death occurred:

Route 40

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County WashCity or town Rural - Clear Spring
(If outside city or town limits, write RURAL and give nearest town)Street No. Route 40

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

James Ellsworth Hull

3. (b) Social Security Number

none

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Anna V. Hull

7. Birth date of

deceased (mo., day, yr.)

Feb 11, 1862

8.(c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

8618

..... hrs.

..... min.

9. Birthplace

Franklin Co. Pa

(Town, county, and state)

10. Usual occupation

Farming

11. Industry or business

FATHER

12. Name

Peter Hull

13. Birthplace

Franklin Co. Pa

MOTHER

14. Maiden name

Sarah Belle Gray

15. Birthplace

Franklin Co. Pa

16. Informant

Mrs Grover Forsythe

Address

Clear Spring Md RD 2

17.

(Burial, cremation, or removal. Which?)

Date thereof

Mar 22 - 48
(month) (day) (year)

Cemetery or crematory

St Paul's Cem

Location

Near Clear Spring Md

18. Funeral director

Snider - Rowland

Address

Clear Spring Md

19.

(Date rec'd by registrar)

March 19 48Joseph W. Mundy

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19, 1948 at P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 15, 1947 to Mar 19, 1948and that I last saw him alive on Mar 19, 1948

Immediate cause of death

Acute Cardiac Failure

DURATION

24 hrs

Due to

Chr Endocardial

Due to

Sclerosis5 yrs

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury

Injured at work?

23. SIGNATURE

David R. Brewer M.D

M. D. or other

Address Clear Spring Md Date signed 3/20/48

UNITED STATES DEPARTMENT OF JUSTICE

CRIMINAL DIVISION

RECEIVED

RECEIVED

APR 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

03173

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 1 month
 Hospital, institution, or street address where death occurred:
44 West North Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 44 West North Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Myrtle L. Jackson

3. (b) Social Security Number

NONE

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife William Jackson
 6.(c) If alive, give age Not Known years
 7. Birth date of deceased (mo., day, yr.) February 1, 1894
 8. AGE: Years 54 Months 1 Days 8 It less than one day
hrs.min.

9. Birthplace Salisbury, Maryland
 (Town, county, and state)
 10. Usual occupation Domestic
 11. Industry or business
 12. Name Not Known
 13. Birthplace Not Known
 14. Maiden name Not Known
 15. Birthplace Not Known

16. Informant Elizabeth Simmons
 Address Hagerstown, Maryland
 17. Removal 3-10-48
 (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)
 Cemetery or crematory Seaford, Cemetery
Seaford, Delaware
 Location
 18. Funeral director William Downey
 Address Hagerstown, Maryland
 19. Mar. 10. 48 Shashy Powers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1948, at 7 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 8 1948 to March 8 1948
 and that I last saw her alive on March 8 1948
 Immediate cause of death Coronary Occlusion

DURATION

48 hr

Due to Arteriosclerosis
 Due to
 Other conditions Obesity
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Robert Vh Campbell M D
 M.D. or other
 Address Hagerstown Md Date signed 3/10/48

RECEIVED

MAR 12 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In case of death, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Layman

03174

Reg. Dist. No. 302

1. PLACE OF DEATH:

County.....Washington
 City or town.....Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....1 Hr.
 Hospital, institution, or street address where death occurred:
Washington Co. Hospital
 How long in hospital or institution?.....1 hr.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State.....Maryland County.....Washington
 City or town.....Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....102 Midway Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....Spanish Ame. War

3. (a) FULL NAME

George W. Kauffman

3. (b) Social Security Number

None

4. Sex.....MALE
Male 5. Color or race.....White 6.(a) Single, married, widowed, or divorced.....Single
 6.(b) Name of husband or wife.....None
 6.(c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.).....Nov. 19, 1873
 8. AGE: Years.....74 Months.....3 Days.....16 If less than one day.....hrs. min.

9. Birthplace.....Martinsburg, Berkeley Co., W. Va.
 (Town, county, and state)

10. Usual occupation.....Shoe Maker

11. Industry or business.....Retiered

FATHER 12. Name.....Henry Kauffman

13. Birthplace.....Hagerstown, Maryland

MOTHER 14. Maiden name.....No Record

15. Birthplace.....No Record

16. Informant.....Charles N. Snoke

Address.....Hagerstown, Maryland

17. Burial.....Mar. 8/48
 (Burial, cremation, or removal. Which?).....Mar. 8/48
 (month) (day) (year)

Cemetery or crematory.....Rose Hill Cemetery

Location.....Hagerstown, Maryland

18. Funeral director.....Andrew k. Coffman

Address.....Hagerstown, Maryland

Mar. 8. 48
 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....March 5 1948 at 8:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 27 1948 to March 5 1948 and that I last saw him alive on March 5 1948

Immediate cause of death.....Congestive heart failure DURATION.....5 days

Due to.....

Due to.....

Other conditions.....Pneumonia, hypostatic, 2 wk
 (Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....W. D. Layman, M.D.

Address.....Hagerstown, Md. Date signed.....6 March 1948

RECEIVED

MAR 10 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Hornbaker

03175

Reg. Dist. No. 302

1. PLACE OF DEATH:

County... WashingtonCity or town... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 5 Minutes

Hospital, institution, or street address where death occurred:

Washington County HospitalHow long in hospital or institution? 5 Minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 666 Highland Way
(If rural, give LOCATION)2.(a) If veteran, name war... None

3. (a) FULL NAME

GEORGE THOMAS KEY

3. (b) Social Security Number

705-12-2136

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Leta6. (c) If alive, give age 59 years

7. Birth date of

deceased (mo., day, yr.) August 9 1884

8. AGE:

Years

Months

Days

If less than one day

63625

hrs.

min.

9. Birthplace Staunton Augusta Co. Va.

(Town, county, and state)

10. Usual occupation

Engineer

11. Industry or business

W.M.R.R.

FATHER

12. Name

John Key

13. Birthplace

Staunton Va.

MOTHER

14. Maiden name

Mary Ann Kirby

15. Birthplace

Batesville Va.

16. Informant

Mrs. Leta Key

Address

Hagerstown Md.

17.

Burial

(Burial, cremation, or removal. Which?)

Date thereof 3/9/48

(month) (day) (year)

Cemetery or crematory Rest Haven CemeteryLocation Hagerstown Md.

18. Funeral director

Andrew K. Coffman

Address

Hagerstown Md.

19.

Mar. 9 - 48
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH March 6 1948 19... at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

5/21 1943 to 3-6 1948and that I last saw him alive on 3-6 1948

Immediate cause of death

acute coronary occlusion

DURATION

45 minutesDue to arteriosclerosis of coronary arteries

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John N. Hornbaker M.D.

M. D. or other

Address 154 W. Washington St. Hagerstown Md.3-8-48

Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 11 1948

BUREAU V. 8.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown, Maryland.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

414 East Franklin Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 414 East Franklin St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Susan C. Kinsey

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed6. (b) Name of husband or wife Samuel S. Kinsey

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 18618. AGE: Years Months Days If less than one day
87 0 28 hrs. min.9. Birthplace Washington County Maryland.
(Town, county, and state)10. Usual occupation Home Duties

11. Industry or business

12. Name Henry W. Winders13. Birthplace Washington County Maryland.14. Maiden name Elizabeth15. Birthplace Washington County Maryland.16. Informant Mrs. Rhoda MunsonAddress 414 East Franklin St.17. Burial Date thereof April 2, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory United Brethren CemeteryLocation Mt. Lena, Maryland. R.D. #518. Funeral director Fred W. KraissAddress Hagerstown, Maryland.19. Apr. 2, 1948 Blanch Bowers
(Date rec'd by registrar) Registrar

3. (b) Social Security Number

NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 19 48, at

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar. 1 19 48, to Mar. 30 19 48and that I last saw him alive on Mar. 30 19 48

Immediate cause of death

Cardio-Vascular Disease

DURATION

1 yr.

Due to

Due to

Other conditions Emergent Pericarditis - obstructive 19 daysJaundice - cause not determined
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. CampbellAddress 145 N. Washington Date signed Apr. 1, 1948

RECEIVED

APR 5 1948

BUREAU V. 8.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WASHINGTONCity or town MAUGANSVILLE
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 15 YRS.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

SALLIE B. MARTIN

3. (b) Social Security Number

NONE

4. Sex

FEMALE

5. Color or race

WHITE

6. (a) Single, married, widowed, or divorced

WIDOWED

6. (b) Name of husband or wife

DAVID MARTIN

7. Birth date of deceased (mo., day, yr.)

AUGUST 20, 1858

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

89617

hrs.

min.

9. Birthplace

PENNSYLVANIA
(Town, county, and state)

10. Usual occupation

HOUSEWIFE

11. Industry or business

FATHER
MOTHER

12. Name

JOHN MOWEN

13. Birthplace

PENNSYLVANIA

14. Maiden name

LUCY WILLIS

15. Birthplace

MARYLAND

16. Informant

Rhoda E. Martin

Address

maugansville, Md.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

3/9/48
(month) (day) (year)

Cemetery or crematory

Welsh Run Church of Brethren

Location

Franklin County, Pa.

18. Funeral director

W. J. Norment

Address

Hagerstown, Md.

19.

Mar. 8
(Date rec'd by registrar)

19

48
Chas. H. Toward

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

MARYLAND

County

WASHINGTON

City or town

MAUGANSVILLE

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

Non-VET.

MEDICAL CERTIFICATION

20. DATE OF DEATH

3/- 7 -

19

48 at 6:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan -

19

47

to

3/7

19

48

and that I last saw him alive on

3/6

19

48

Immediate cause of death

Chronic arthritis

DURATION

Due to

" Nephritis

Due to

" EndocarditisArterio-sclerosis

Other conditions

(Scurvy)

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

V. H. Stiller

M. D.

Address

Hagerstown, Md.

Date signed

3/8/48

RECEIVED

MAR 10 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:

County WashingtonCity or town Cascade, Md.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 months

Hospital, institution, or street address where death occurred:

Pitche HospitalHow long in hospital or institution? 2 months

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For new born infants give residence of mother)

State Maryland County CarrollCity or town Cedarhurst
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

elda m. Matthews

3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

W6.(b) Name of husband or wife Harry

6.(c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

July 25, 1866

8. AGE:

Years

Months

Days

If less than one day

91712

hrs.

min.

9. Birthplace

(Town, county, and state)

Maryland

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

Samuel Blizzard

13. Birthplace

Maryland

14. Maiden name

Andie Caples

15. Birthplace

Maryland

16. Informant

Mrs. Margaret Steeman

Address

Cedarhurst Md.

17.

Burial
(Burial, cremation, or removal. Which?)Date thereof Mar. 12 - 48
(month) (day) (year)

Cemetery or crematory

Deer park

Location

near Westminster Md.

18. Funeral director

J. F. Steele

Address

Westminster Md.

19.

Mar 91948Geo. H. Ferguson

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 8 1948 at 1:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 8 1948, to Mar 8 1948and that I last saw her alive on Mar 8 1948

Immediate cause of death

Cerebral hemorrhage DURATION 20 hrs

Due to

Atherosclerosis

Due to

Other conditions Atherosclerotic heart disease
(2) Syphilis (3) Varicose ulcers
(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Thomas M. Cunningham, M.D.
M. D. or other

Address

Pitche Hosp.Date signed 3/8/48Cascade, Md.

RECEIVED

MAR 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03179

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 45 years
 Hospital, institution, or street address where death occurred:
 131 Winter St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 131 Winter St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
 John Franklin Matthews

3. (b) Social Security Number
 No

4. Sex Male
 5. Color or race White
 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife A Ruth Matthews
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) Dec 24, 1875
 8. AGE: Years Months Days If less than one day
 72 3 3..... hrs. min.

9. Birthplace Bentonville Warren Co., Va.
 (Town, county, and state)
 10. Usual occupation Retired
 11. Industry or business Rail Road Engineer
 12. Name Joseph G. Matthews
 13. Birthplace Virginia
 14. Maiden name Rachel Walters
 15. Birthplace Virginia
 16. Informant Joseph F. Matthews
 Address 131 Winter St., Hagerstown
 Burial
 Date thereof March 30, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rest Haven
 Location Hagerstown
 18. Funeral director Fred W. Kraiss.
 Address Hagerstown
 19. Mar. 30, 1948 [Signature]
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

March 27 48 P.M.

20. DATE OF DEATH..... 19..... at..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 Mar 1 1948 to Mar 27 1948
 and that I last saw him alive on Mar 27 1948

Immediate cause of death.....

DURATION

Coronary Thrombosis 1 yr.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert P. Conrad, M.D.
 M. D. or other

Address Hagerstown, Md. Date signed 3-29-48

RECEIVED

APR 1 1948

BUREAU V. H.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 167

CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH:

County WashingtonCity or town Rural Hancock
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

3. (a) FULL NAME

James Roger Mills, Jr.4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Infant6. (b) Name of husband or wife —7. Birth date of deceased (mo., day, yr.) Apr. 29, 19468. AGE: Years 1 Months 10 Days 15 If less than one day — hrs. — min.9. Birthplace Pectonville, Wash. Co., Md.
(Town, county, and state)10. Usual occupation —11. Industry or business —12. Name James R. Mills13. Birthplace Big Pool, Md.14. Maiden name Rosalee Karnes15. Birthplace Berkeley Springs, W. Va.16. Informant Mrs. James R. MillsAddress Route #2, Hancock, Md.17. Burial Date thereof May 18, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Peter's CatholicLocation Hancock, Md.18. Funeral director Charles R. BastAddress Hancock, Md.3/1/48 J. H. Keller19. (Date rec'd by registrar) 19. 3/1/48 Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Rural Hancock
(If outside city or town limits, write RURAL and give nearest town)Street No. Millstone
(If rural, give LOCATION)2. (a) If veteran, name war —

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15, 1948 at 12:46 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw him alive on 19.

Immediate cause of death Mangled body

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations No

Date of op.

Antopsy results None

PHYSICIAN: Please underlie the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 3/5/48Where did injury occur? Hancock (City or town) Wash. (County) Md. (State)Injured at home, farm, industry, public place (where?) W.M. Ra. TracksMeans of Injury Run over by train Injured at work? No23. SIGNATURE J. H. Keller DEPUTY MEDICAL EXAM.Address Hagerstown, Md. Date signed 3/5/48

RECEIVED

MAR 22 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of
mother's name shown on:

FILM No. G 115 APR 27 1948 CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03181

Reg. Dist. No.

30 3

1. PLACE OF DEATH:

County Washington
City or town Rural Big Pool, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Mooreville Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
City or town Big Pool Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No. Mooreville Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Patsy Lorraine Netz

3.(b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single

8.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1947

8. AGE: Years 0 Months 9 Days 28 If less than one day _____ hrs. _____ min.

9. Birthplace Washington County, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name John R. Netz
13. Birthplace Washington County, Md.

14. Maiden name David L. Netz

15. Birthplace Washington County, Md.
John R. Netz

16. Informant Big Pool, Md. R D 1
Address

17. Burial Date thereof Mar. 26-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Boonsboro Cemetery

Location Boonsboro, Md.

18. Funeral director Snyder-Rowland Funeral Home
Address Clear Spring, Md.

19. March 26 1948 Joseph W. Munay Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24, 1948 19____, at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 23, 1948 to Mar. 24, 1948
and that I last saw her alive on Mar. 23, 1948

Immediate cause of death

Dysentery DURATION 2 weeks
Due to Carlessness
not seen until day before
Due to death

Other conditions Malnutrition

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work?

23. SIGNATURE David P. Brewer M.D. M. D. or other
Clear Spring Md. Date signed 3/25/48

RECEIVED

MAR 29 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03182

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH:

County... Washington
 City or town... Rohersville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Main St.
 How long in hospital or institution? at Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Washington
 City or town... Rohersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... Main St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war... no.

3. (a) FULL NAME

Lillie Virginia Poffenbarger

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

Single

7. Birth date of

deceased (mo., day, yr.)

December - 31 - 1864

8. AGE:

Years

Months

Days

If less than one day

83216

hrs.

min.

9. Birthplace

Locust Grove Wash. Co. Md.
(Town, county, and state)

10. Usual occupation

Housekeeper

11. Industry or business

Own Home

FATHER

12. Name

John W. Poffenbarger

13. Birthplace

Locust Grove Wash. Co. Md.

MOTHER

14. Maiden name

Sarah E. Altmaier

15. Birthplace

Locust Grove Wash. Co. Md.

16. Informant

Carroll R. Poffenbarger

Address

1137 Oak Hill Ave. Hagerstown Md.

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

March 20, 1948
(month) (day) (year)

Cemetery or crematory

Boonsboro Cemetery

Location

Boonsboro Md.

18. Funeral director

Chas. J. Bart & Sons

Address

Boonsboro Md.

19.

March 24, 1948
(Date rec'd by registrar)Mr. Katherine Dagerbach

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... March 18, 1948 at 4 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19...

to

19...

and that I last saw him alive on

19...

Immediate cause of death

DURATION

Due to HypotensionDue to cerebral arteriosclerosisDue to congestive myocardialOther conditions heart failure grade 4

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

no

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Manner of injury

Injured at work?

23. SIGNATURE

J. Robert Wells

DEPUTY MEDICAL EXAM.

WASH. CO., MD.

M. D.

Address... Hagerstown, Md.Date signed 3/24/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Coroner Dr. Wells was
out of town, that account
for Certificate being turned
in late. I did not receive
it until Mar 24/48

Respect

J. Dagenhart

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03183

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 60 years
 Hospital, institution, or street address where death occurred:
449 Guilford Avenue
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 449 Guilford Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Clara E. Poffenberger

3. (b) Social Security Number

NONE

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) January 21, 1868
 8. AGE: Years 80 Months 1 Days 9 If less than one day _____ hrs. _____ min.

9. Birthplace Washington, D.C.
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name Charles A. Poffenberger
 13. Birthplace Hagerstown, Maryland

MOTHER 14. Maiden name Julia A. Rohrer
 15. Birthplace Waynesboro, Pa.

16. Informant Mrs. Catherine Winder
 Address Hagerstown, Maryland

17. Burial Date thereof 3-4-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons
 Address Hagerstown, Maryland

19. Mar. 4, 1948 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-1-48 19 9:15 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-1-47 19 2-1-48 to 2-29-48 19 3-1-48
 and that I last saw him alive on 2-29-48 19 3-1-48

Immediate cause of death

Cerebral Vascular Lesion DURATION 8 yr.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

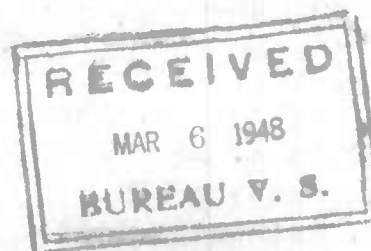
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE [Signature] M. D. or other

Address [Signature] Date signed 3/3/48



RECEIVED

MAR 6 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of

birth date shown on:

FILM No. G 115 APR 16 1948 CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03184

Reg. Dist. No. 1

1. PLACE OF DEATH:

County State of Washington

City or town (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years

Hospital, institution, or street address where death occurred:

State Way Nursing HomeHow long in hospital or institution? 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pa. County FranklinCity or town Hampden (If outside city or town limits, write RURAL and give nearest town)Street No. 24 S. Grant St. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Killis B. Powell

3. (b) Social Security Number

173-03-1114

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife Berulah A. Fortney

7. Birth date of deceased (mo., day, yr.)

Oct. 7, 18826. (c) If alive, give age 63 years

8. AGE:

Years

65

Months

5

Days

16

If less than one day

hrs.min.9. Birthplace Rockledge, Franklin Co. Pa.
(Town, county, and state)10. Usual occupation Moulder, & Farmer

11. Industry or business

12. Name Adam Powell13. Birthplace Powellville, Dauphin Co. Pa.14. Maiden name Lavinia Bloss15. Birthplace Cumberland Co. Pa.16. Informant Mrs. Berulah A. PowellAddress 24 S. Grant St. Hampden Pa17. Burial Date thereof 3/26/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Green Hill CemeteryLocation Hampden Pa18. Funeral director Walter J. YoungAddress 27 S. Church St. Hampden Pa19. 3-25- 19 48 Long W. Fackel
(Date rec'd by registrar) (year) (month) (day) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 23, 1948, at 3 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from:
Mar 10, 1948, to Mar 23, 1948
and that I last saw him alive on Mar 21, 1948

Immediate cause of death

Arthritis Deformans

DURATION

5 yrs.

Due to

Due to

Other conditions

Gangrene left thigh 2 weeks
Ulcer left popliteal space
(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE David R. Brewer M.D. M. D. or othersAddress Clear Spring Md. Date signed 3/27/48

RECEIVED

APR 7 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03185

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WASHINGTON
City or town RURAL HAGERSTOWN RT#4
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 60 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MARYLAND County WASHINGTON
City or town RURAL HAGERSTOWN
(If outside city or town limits, write RURAL and give nearest town)
Street No. HAGERSTOWN RT#4
(If rural, give LOCATION)
2.(a) If veteran, name war NOV-VET

3. (a) FULL NAME

MARIA E. REIFF

3. (b) Social Security Number

NONE

4. Sex FEMALE 5. Color or race WHITE 6.(a) Single, married, widowed, or divorced WIDOWED

6.(b) Name of husband or wife JACOB R. REIFF

7. Birth date of deceased (mo., day, yr.) MAY 31, 1860 6.(c) If alive, give age _____ years

8. AGE: Years 87 Months 9 Days 16 It less than one day _____ hrs. _____ min.

9. Birthplace LEITERSBURG, WASHINGTON, MD.
(Town, county, and state)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

12. Name JOSEPH STRITE

13. Birthplace LEITERSBURG, MD.

14. Maiden name CATHERINE LESHER

15. Birthplace PENNSYLVANIA

16. Informant C.E. Reiff

Address Hagerstown, RT#4

17. (Burial, cremation, or removal, Which?) Burial Date thereof 3/20/48
(month) (day) (year)

Cemetery or crematory Reiff Cemetery

Location Washington County, Md.

18. Funeral director W.D. Normant

Address Hagerstown, Md.

19. Mar. 18, 1948 Registrar Beauf Bowers
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 17 at noon M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-1-40 to 3-17-48 and that I last saw him alive on 3-16-48

Immediate cause of death

Coronary Vascular Disease DURATION 10 yrs

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE A. SWIFT M. D. or other

Address Hagerstown Md Date signed 3/18/48

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 20 1948

BUREAU V. S.

CHILD LIVED TEN MINUTES
(heart beat)

V. S. A10

BIRTH and DEATH
MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF STILLBIRTH03186
Reg. Dist. No. 302

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County Washington
City or town Hagerstown, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street address, hospital, or institution:
Wash. Co. Hospital
Length of mother's stay in County
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 56 E. Wash. St.
(If RURAL give LOCATION)

3. Name of child.

Baby Girl Reynolds

5. Sex.

Female

6. Twin or triplet.

—

4. Date of birth.

March 9, 1948 Hour 11:55 P.M.

7. No. of weeks pregnancy.

28

FATHER OF CHILD

8. Full name Harold T. Robinson
9. Color W 10. Age at time of this birth 33 yrs.
11. Usual occupation Brake operator

MOTHER OF CHILD

12. Full maiden name Grace Della Bowers
13. Color W 14. Age at time of this birth 38 yrs.
15. Usual occupation Housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 4
(b) How many other children were born alive but are now dead? — (c) How many other children were born dead? —

17. Did child die before labor? No During labor? No18. Pregnancy, complications of no19. Labor: (a) Complications of none(b) Induced? —20. (a) Was there an operation for delivery? No

(Yes or No)

(b) State all operations, if any —(c) Did child die before operation? ---During operation? ---23. (a) Cremation (b) Date thereof 3-10-48
(Burial, cremation or removal) (month) (day) (year)(c) Cemetery or crematory Wash. Co. Hospital24. (a) Funeral director —(b) Address —

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes unknown(b) Maternal causes unknown

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature J. Robert Wells, M.D.
(Specify if M. D., midwife, or other)Address Hagerstown, Md25. (a) Mar. 18, 1948 (b) Stacy Howard
(Date rec'd by registrar) (Registrar)26. (To be filled out if no physician was present at delivery.)
The above certificate has been examined by me.Health Officer, per —

* See Instruction C on stub.

RECEIVED

MAR 20 1948

BUREAU V. 8.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH

County Washington
 City or town Leavetown and
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 49 yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Leavetown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. none
 (If rural, give LOCATION)
 2.(a) If veteran, name war none

3. (a) FULL NAME

Sadie Myrtle Pidemour

3. (b) Social Security Number

none

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband or wife Robert Pidemour7. Birth date of deceased 3-24-1894 8. (c) If alive, give age 54 years

8. AGE: Years 73- Months 11 Days 9 If less than one day hrs. min.

9. Birthplace Leavetown and
(Town, county, and state)10. Usual occupation House Keeping

11. Industry or business

12. Name Daniel Dayhoff13. Birthplace Leavetown and14. Maiden name Louise Bradley15. Birthplace Hagerstown and16. Informant Robert PidemourAddress Leavetown17. Burial Date thereof 3-5-1948
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory SmithsburgLocation Smithsburg Wash. Co. and18. Funeral director Geo. H. HooverAddress Smithsburg and19. Mar 5 1948 Geo. H. Hoover
(Date rec'd by registrar) (month) (day) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 3 1948 at 12:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 27 1948 to Mar 3 1948 and that I last saw him alive on Mar 3 1948Immediate cause of death Pericarditis DURATION 4 daysDue to Arterio-sclerosis 10 yrsDue to —Other conditions —

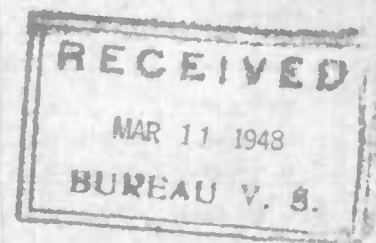
(Include pregnancy within 3 months of death)

Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) (County) (State)Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE G. G. V. Oshley M. D. or otherAddress Smithsburg Date signed 3/3/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03188

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
City or town Hagerstown, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 years
Hospital, institution, or street address where death occurred:
60 Madison Avenue
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

Curtis E. Riley

3. (b) Social Security Number

NONE

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Divorced

6.(b) Name of husband or wife _____ 6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years 61 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Not Known
(Town, county, and state)

10. Usual occupation Groceryman

11. Industry or business Own Store

12. Name Not Known

13. Birthplace Not Known

14. Maiden name Not Known

15. Birthplace Not Known

16. Informant _____

Address _____

17. Burial Date thereof 3-25-48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons

Address Hagerstown, Maryland

19. Mar. 24, 48 19 48 Registrar Robert Wells
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20, 1948 at 9:20 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death _____ DURATION _____

Gunsight wound through head

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. _____

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date 3/20/48

Where did injury occur? Hagerstown, Md. (City or town) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Shot self with 32 Injured at work? No

DEPUTY MEDICAL EXAM. Robert Wells, M.D.

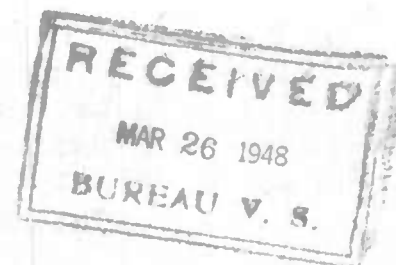
23. SIGNATURE Robert Wells, M.D. WASH. CO., MD.

Address Hagerstown, Md. Date signed 3/20/48

MARGIN RESERVED FOR BINDING

VS 415 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03189

Reg. Dist. No.

304

1. PLACE OF DEATH:
 County Washington
 City or town Hancock
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 yrs.
 Hospital, institution, or street address where death occurred:
Blue Hill
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Hancock
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Blue Hill
 (If rural, give LOCATION)
 2.(a) If veteran, name war —

3. (a) FULL NAME
Nettie Norris Roberts

3. (b) Social Security Number
—

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 B. (b) Name of husband or wife Jeremiah Roberts
 7. Birth date of deceased (mo., day, yr.) August 28, 1863 B. (c) If alive, give age — years
 8. AGE: Years 84 Months 6 Days 26 If less than one day — hrs. — min.

9. Birthplace Piney Grove, Allegany Co., Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

FATHER 12. Name James Norris
 13. Birthplace Maryland
 MOTHER 14. Maiden name Mary Hansucker
 15. Birthplace Maryland

16. Informant Mrs. Nelson Clingerman
 Address Blue Hill, Hancock, Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Mar. 28, 1948
 (month) (day) (year)
 Cemetery or crematory Piney Plains Meth. Church
 Location Piney Plains, Allegany Co., Md.

18. Funeral director Charles R. Bast
 Address Hancock, Md.

19. (Date recd by registrar) 3/29/48 19. J. A. Hellow
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 25 1948 at 12:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 18 1948 to Mar 25 1948
 and that I last saw her alive on Mar 25 1948

Immediate cause of death Chronic myocarditis
 Due to arteriosclerosis
 Due to chronic nephritis
 Other conditions —
 (Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —
 Autopsy results —
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide — Date of —
 Where did injury occur? — (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) —
 Means of injury — Injured at work? —

23. SIGNATURE P. M. Shaffer MD M. D. or other —
 Address Hancock, Md. Date signed 3/29/48

RECEIVED

MAR 30 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03190

Reg. Dist. No. 302

1. PLACE OF DEATH: **Washington**
 County.....
 City or town..... **Hagerstown, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **5 days**
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... **Maryland** County..... **Washington**
 City or town..... **Hagerstown**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **24 1/2 West Franklin Street**
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
Barbara A. Schlotterbeck

3. (b) Social Security Number
NONE

4. Sex **Female** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Single**
 6. (b) Name of husband or wife.....
 7. Birth date of deceased (mo., day, yr.) **March 10, 1948**
 8. AGE: Years Months Days If less than one day
5 hrs. min.

9. Birthplace **Hagerstown, Maryland**
 (Town, county, and state)
 10. Usual occupation.....
 11. Industry or business.....

12. Name **Maurice Schlotterbeck**
 13. Birthplace **Hagerstown, Maryland**
 14. Maiden name **Anna R. (Warner) Spelman**
 15. Birthplace **Hagerstown, Maryland**

16. Informant **Maurice Schlotterbeck**
 Address **Hagerstown, Maryland**

17. **Burial** Date thereof **3-15-48**
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory **Funkstown Cemetery**
 Location **Funkstown, Maryland**

18. Funeral director **C. M. Suter & Sons**
 Address **Hagerstown, Maryland**

19. **Mar. 15, 1948** **Charles H. Boward**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **3/14/48** 18..... at..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **3/10/48** 19..... to **3/14/48** 19.....
 and that I last saw him alive on **3/14/48** 19.....

Immediate cause of death..... DURATION
Spontaneous (5 1/2 hrs)
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE **Charles H. Boward** M. D. or other
 Address **Hagerstown, Md.** Date signed **3/15/48**

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 17 1948

BUREAU V. S.

The birth of this child
was reported to you Mar. 12
under the name of
—— — Warner

Chas. H. Bowers
Loc. Reg

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Ditto

03191

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 Years
 Hospital, institution, or street address where death occurred:
602 Guilford Ave
 How long in hospital or institution? --

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 602 Guilford Ave
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

MRS ANNA MARY SCHMIDT

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Lewis A.
 7. Birth date of deceased (mo., day, yr.) January 2 1874
 6.(c) If alive, give age 75 years
 8. AGE: Years 74 Months 2 Days 10 If less than one day hrs. min.

9. Birthplace Hagerstown Wash. Co. Md.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER 12. Name Justus Heimel
 13. Birthplace Germany

MOTHER 14. Maiden name Catherine Wagner
 15. Birthplace Germany

16. Informant Lewis A. Schmidt
 Address Hagerstown Md.

17. Burial Date thereof 3/15/48
 (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown Md.

18. Funeral director Andrew K. Coffman
 Address Hagerstown Md.

19. Mar. 13. 48 Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

P

20. DATE OF DEATH March 12 1948 19... at 4.30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-1-48 19... to 3-12-48
 and that I last saw alive on 3-10-48 19...

Immediate cause of death Coronary Vascular Disease DURATION 4 yr
 Due to...
 Due to...
 Other conditions...
 (Include pregnancy within 3 months of death)

Major findings of operations... Date of op...

Autopsy results...
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide... Date of...
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Dr. Ditto M. D. or other
 Address Hagerstown Md. Date signed 3/13/48

RECEIVED

MAR 16 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 943 Corbett St
(If rural, give LOCATION)

2.(a) If veteran, name war.

3.(a) FULL NAME

Mary Ethel Sabert

3.(b) Social Security Number

219-20-1406

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

David Leroy Sabert6.(c) If alive, give age 35 years

7. Birth date of

deceased (mo., day, yr.)

Mar 3. 1915

8. AGE:

Years

Months

Days

If less than one day

33—2

hrs.

min.

9. Birthplace

Hagerstown Maryland
(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Unknown

12. Name

Unknown

13. Birthplace

14. Maiden name

Virginia H. Miller

15. Birthplace

Washington Co. Md.

16. Informant

J. E. Sabert

Address

943 Corbett St

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

3 18/48
(month) (day) (year)

Cemetery or crematory

Rest Haven Cemetery

Location

Hagerstown Md.

18. Funeral director

A. B. Beecher

Address

Hagerstown Md.

19. Date rec'd by registrar

Mar. 6. 48

19. Date

48

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

5 Mar 48

19.

11/5/48

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

25 Feb 48

19.

5 Mar48

and that I last saw her

2 Mar48

Immediate cause of death

Carcinoma Uterus

DURATION

2 yr

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. J. Lusky

M. D. or other

Address 230 N. PotomacDate signed 6 Mar 48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Record age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 9 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03193

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County... **Washington**
 City or town... **Hagerstown**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **50 years**
 Hospital, institution, or street address where death occurred:
840 Dewey Ave.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... **Maryland** County... **Washington**
 City or town... **Hagerstown**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **840 Dewey Ave.**
 (If rural, give LOCATION)
 2. (a) If veteran, name war... **World War 1**

3. (a) FULL NAME

Thomas E. Seibert

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Mame Seibert

7. Birth date of deceased (mo., day, yr.)

62 years
February 22, 1888

8. AGE:

Years

Months

Days

If less than one day

60**-****19**

hrs.

min.

9. Birthplace

Near Clearspring Wash. Md.

(Town, county, and state)

10. Usual occupation

Guard

11. Industry or business

Md. State Reformatory

12. Name

M. Finley Seibert

13. Birthplace

Clearspring Md.

MOTHER

14. Maiden name

Ella Hassett

15. Birthplace

Clearspring Md.

16. Informant

Mrs. Mame Seibert

Address

Hagerstown Md.

17. (Burial, cremation, or removal. Which?)

Burial**March 13, 1948**

(Burial, cremation, or removal. Which?)

Date thereof (month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown Md.

18. Funeral director

Scott F. Minnich & Son

Address

Hagerstown Md.

19. (Date rec'd by registrar)

Mar 13, 1948

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **March 10 1948** at **5 p m**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 6 1947 to **Mar 10 1948**
 and that I last saw him alive on **Mar 10 1948**

Immediate cause of death

**adenocarcinoma of
 Descending Colon with
 metastases**

DURATION

1 yr

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

**Carcinoma of descending
 Colon with metastases** of op. **5/17/47**

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

O. H. Binkley
Hagerstown Md. Date signed **3/13/48**

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 16 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03194

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH **Washington**
 County **Hagerstown**
 City or town **Hagerstown**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **4 years**
 Hospital, institution, or street address where death occurred:
792 Frederick St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State **Maryland** County **Washington**
 City or town **Hagerstown**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **792 Frederick St.**
 (If rural, give LOCATION)
 2.(a) If veteran, name war.

3. (a) FULL NAME **William R. Seward**

3. (b) Social Security Number
213-16-7724

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, widowed, or divorced **Married**
 6. (b) Name of husband or wife **Bessie D.**
 6. (c) If alive, give age **66** years
 7. Birth date of deceased (mo., day, yr.) **January 5, 1882**
 8. AGE: Years **66** Months **2** Days **3** If less than one day
hrs.min.

9. Birthplace **Sudlersville Queen Ann Md.**
 (Town, county, and state)
 10. Usual occupation **Painter**
 11. Industry or business **Self**
 12. Name **Richard Seward**
 13. Birthplace **Centerville Md.**
 14. Maiden name **Sarah Usilton**
 15. Birthplace **Centerville Md.**

16. Informant **Bessie D. Seward**
 Address **Hagerstown Md.**

17. **Removal** Date thereof **March 10, 1948**
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory **Philos Cemetery**
 Location **Westernport Md.**

18. Funeral director **Scott F. Minnich & Son**
 Address **Hagerstown Md.**

19. **Mar 9, 48** **Blanch Flowers**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION
 20. DATE OF DEATH **March 8, 48** at **1:30p**
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19 **Mar 8** 19 **48**
 and that I last saw him alive on **Mar 8** 19 **48**
 Immediate cause of death **Adrenin**
 DURATION **4-5 days**
 Due to **Hypertension, cardiac** **Years**
vascular disease.
 Due to
 Other conditions **2 months 2 weeks** **Years**
insufficiency (heart).
2-3 days previous **1 year.**
 Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE **W. J. Layman, M.D.** M. D. or other
 Address **Hagerstown, Md.** Date signed **9 March 1948**

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 11 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93d

03195

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County..... **Washington**
 City or town..... **Hagerstown RD. 4**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... **55 years**
 Hospital, institution, or street address where death occurred:
Hagerstown RD. 4
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State..... **Md.** County..... **Wash.**
 City or town..... **Hagerstown RD. 4**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... **RD. 4**
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Howard E. Shank

3. (b) Social Security Number

- -

4. Sex..... **male** 5. Color or race..... **white** 6. (a) Single, married, widowed, or divorced..... **married**
 6. (b) Name of husband or wife..... **Olive A. Shank**
 6. (c) If alive, give age..... **57** years
 7. Birth date of deceased (mo., day, yr.)..... **June 9, 1892**
 8. AGE: Years..... **55** Months..... **10** Days..... **21** If less than one day..... hrs. min.

9. Birthplace..... **Hagerstown, Wash. Co., Md.**
 (Town, county, and state)

10. Usual occupation..... **Farmer**

11. Industry or business.....

FATHER 12. Name..... **Daniel Shank**
 13. Birthplace..... **Leitersburg, Md.**

MOTHER 14. Maiden name..... **Clara Spessard**
 15. Birthplace..... **Leitersburg, Md.**

16. Informant..... **Mrs. Olive A. Shank**
 Address..... **Hagerstown RD. 4, Md.**

17. **burial** Date thereof..... **4-2-48**
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... **Rose Hill Cemetery**
Hagerstown, Md.
 Location.....

18. Funeral director..... **Scott F. Minnich & Son**
 Address..... **Hagerstown, Md.**

19. **Apr. 2, 1948** Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **March 30** 19 **48** at **11:55a**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **11/1/47** to **3/30/48** and that I last saw him alive on **3/31/48**

Immediate cause of death..... **Congestive Heart Failure** DURATION..... **4 mos**

Due to.....

Due to.....

Other condition..... **Hypertensive Heart Disease**

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE..... **Shank** M. D. or other

Address..... **Hagerstown, Md.** Date signed..... **3/31/48**

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 5 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County... Washington
City or town... Big Spring, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County... Washington
City or town... Big Spring, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Earl Leon Small

3. (b) Social Security Number

217-100-155

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Naomi Small

7. Birth date of deceased (mo., day, yr.)

October 25, 1898

8. AGE:

Years

49

Months

4

Days

23

If less than one day

hrs.

min.

9. Birthplace

Washington Co Md.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

Harry S. Small

13. Birthplace

Wash. Co. Md.

MOTHER

14. Maiden name

Anna E. Shupp

15. Birthplace

Wash. Co. Md.

16. Informant

Mrs Naomi Small

Address

Big Spring, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

Mar. 20, 1948

(month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Clearspring, Md.

18. Funeral director

Snyder-Rowland

Address

Hancock, Md.

19. (Date rec'd by registrar)

March 20, 1948

Joseph Munnay
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 18, 1948, at 3 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Mar. 14, 1948, to Mar. 18, 1948
and that I last saw him alive on Mar. 18, 1948

Immediate cause of death

Acute Heart Failure

DURATION

3 days

Due to

Diabetes Mellitus
& threat semi coma.

4 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

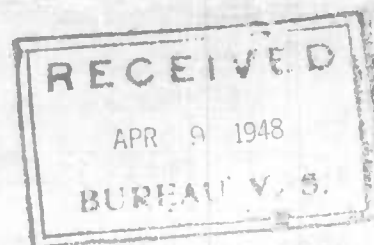
23. SIGNATURE

David P. Bruen M.D.
M. D. Clear Spring Md.
Date signed 3/19/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Thirty YearsHospital, institution, or street address where death occurred:
655 S. Potomac St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 655 S. Potomac St.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Florence Esther Tosten

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Howard Tosten8. (c) If alive, give age 49 years7. Birth date of deceased (mo., day, yr.) Oct. 25, 19008. AGE: Years 47 Months 5 Days 0 If less than one day
..... hrs. min.9. Birthplace Welsh Run Franklin Penna.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business At Home12. Name Robert Guessford13. Birthplace Welsh Run, Penna.14. Maiden name Sally Smith15. Birthplace Welsh Run, Penna.18. Informant Mrs. Ella TostenAddress Williamsport, Md.17. Burial Date thereof March 29, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Paul's CemeteryLocation Near Clearspring, Md. on Rt. 4018. Funeral director Mrs. Edith V. LeafAddress Williamsport, Md.19. Mar 28, 1948 Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

2D. DATE OF DEATH March 25, 1948 at 10:30 P. M.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov. 5, 1947 to March 25, 1948and that I last saw him ex. vivo on March 25, 1948Immediate cause of death Carcinoma of prostate

DURATION

9 mo

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas H Bowers M. D. or otherAddress Hagerstown Md Date signed 3/26/48

UNITED STATES DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

SMITH, JOHN H. (Name of Deceased)

RECEIVED
MAR 30 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington C. HospitalCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

James Tull

4. Sex

m

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Don't know

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

1884

8. AGE:

Years

Months

Days

If less than one day

64

hrs. min.

9. Birthplace

Ind.

(Town, county, and state)

10. Usual occupation

General Laborer

11. Industry or business

FATHER

12. Name

Don't know

13. Birthplace

"

MOTHER

14. Maiden name

"

15. Birthplace

"

16. Informant

Mrs. Marie Miller

Address

3224 Lexington Ave

17.

(Burial, cremation, or removal, which?)

Date thereof

March 18th 1948
(month) (day) (year)

Cemetery or crematory

5th Reformed Church

Location

CITY

18. Funeral director

Kelrick Funeral Home

Address

2008 Orleans St

19.

3/16 1948
(Date rec'd by registrar)

19.

A. W. Hedrick
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Baltimore

City or town

Cascade Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Chronic Disease Hospital

(If rural, give LOCATION)

2. (a) If veteran, name war

1101 Urban Way

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

3/5

19.

48, at 6

A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2/26

19.

48, at 314

19.

and that I last saw him alive on

MARCH 4

19.

Immediate cause of death

BRONCHOPNEUMONIA

DURATION

30 days

Due to

Due to

Other conditions

PERITONITISFOLLOWING RUPTURED APPENDIX

(Include pregnancy within 3 months of death)

Major findings of operation

CANCEROUS APPENDICITISWITH PERITONITISDate of op. 2/26/48

Autopsy results

NONE

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Emmett Brown M.D.

M. D. or other

Address

Wash. Co. HospDate signed 3/5/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 61

03199

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown, Maryland.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 1/2 days
 Hospital, institution, or street address where death occurred:
Washington County Hospital
 How long in hospital or institution? 2 1/2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Baltimore
 City or town Glyndon
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Jose Encelan Vera

3. (b) Social Security Number

180-18-5085

4. Sex Male 5. Color or race Filipino 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Mildred Irene Vera
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Nov. 25, 1902
 8. AGE: Years 45 Months 3 Days 22 If less than one day _____ hrs. _____ min.

9. Birthplace Philippine Islands
 (Town, county, and state)
 10. Usual occupation Domestic Servant
 11. Industry or business _____
 12. Name Unknown
 13. Birthplace Unknown
 14. Maiden name Encelan
 15. Birthplace Unknown

16. Informant Mrs. Mildred Irene Vera
 Address Glyndon, Maryland.
 17. Burial Date thereof March 24, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Salem Reform Cemetery
 Location Near Cearfoss, Maryland.
 18. Funeral director Fred W. Kraiss
 Address Hagerstown, Maryland.

19. Mar. 24, 1948 Charles Sowers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20, 19 48 at 5:42 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 18 19 48 to March 20 19 48
 and that I last saw him alive on March 20 19 48

Immediate cause of death Cerebral Haemorrhage DURATION 30 hrs

Due to Hypertension, Cerebral Vascular renal disease at least 2 years

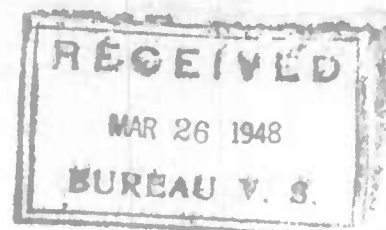
Due to _____
 Other conditions Diabetes Mellitus 2 days
Hypoglycemia
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE W. D. Layman, M.D. M. D. or other 22 March
Glyndon, Md. Address Date signed 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03200

Reg. Diat. No.

306

1. PLACE OF DEATH

County

City or town

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

MEDICAL CERTIFICATION

20. DATE OF DEATH

19.48, at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sep 4 embur 19.47 to 22 March 19.48

and that I last saw h.c. alive on 22 March 19.48

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M.D. or other

Address

Date signed 22 March

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

Registrar

RECEIVED

MAR 26 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 163g

03201

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County **Washington**
City or town **Hagerstown**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **40 years**
Hospital, institution, or street address where death occurred:
Washington County Hospital
How long in hospital or institution? **3 hours**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State **Md.** County **Wash.**
City or town **Hagerstown**
(If outside city or town limits, write RURAL and give nearest town)
Street No. **300 E. Franklin St.**
(If rural, give LOCATION)
2.(a) If veteran, name war **--**

3. (a) FULL NAME

Walter Thomas Walker

3. (b) Social Security Number

214-09-1873

4. Sex **male** 5. Color or race **white** 6.(a) Single, married, widowed, or divorced **married**

6.(b) Name of husband or wife **Ethel Walker**

6.(c) If alive, give age **60** years

7. Birth date of deceased (mo., day, yr.) **September 26, 1881**

8. AGE: Years **66** Months **5** Days **26** If less than one day **hrs. min.**

9. Birthplace **Cambridge, Dorchester Co., Md.**
(Town, county, and state)

10. Usual occupation **Carpenter**

11. Industry or business **Luther Wiles Contractor**

12. Name **John Walker**

13. Birthplace **Cambridge, Md.**

14. Maiden name **Miranda Gillis**

15. Birthplace **Cambridge, Md.**

16. Informant **Mrs. Ethel Walker**

Address **Hagerstown, Md.**

17. **burial** Date thereof **3-25-48**
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Rest Haven Cemetery**

Location **Hagerstown, Md.**

18. Funeral director **Scott F. Minnich & Son**

Address **Hagerstown, Md.**

19. **Mar. 25, 48** Registrar **Robert Bowers**

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH **March 22** 19 **48** **12:55a**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to 19.....

and that I last saw him alive on 19.....

Immediate cause of death **to be supplied** DURATION

later

Due to **Oil of wintergreen poisoning - suicide**

Due to **4/26/48 - aka 7**

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please indicate the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide **suicide** Date of **3/22/48**

Where did injury occur? **Hagerstown, Wash. Md.** (City) (town) (State)

Injured at home, farm, industry, public place (where?) **Home**

Means of injury Injured at work? **no**

DEPUTY MEDICAL EXAM. **S. Robert Wells** WASH. CO., MD.

23. SIGNATURE **S. Robert Wells** M. D. **3/24/48**

Address **Hagerstown, Md.** Date signed **3/24/48**

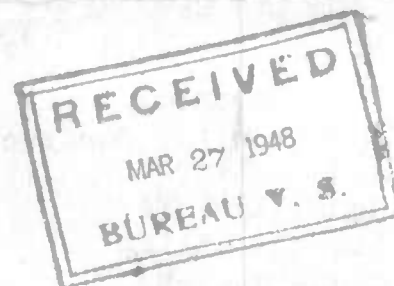
MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03202

Reg. Dist. No. 302

1. PLACE OF DEATH:

County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 30 years

Hospital, institution, or street address where death occurred:

112 - East First StreetHow long in hospital or institution? at home

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 112 East First Street

(If rural, give LOCATION)

2.(a) If veteran, name war no.

3. (a) FULL NAME

Mary Ellen Weaver

3. (b) Social Security Number

none

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Harry E. Weaver

6. (c) If alive, give age

7. Birth date of

deceased (mo., day, yr.)

January - 19 - 1875

8. AGE:

Years

Months

Days

If less than one day

73113

hrs.

min.

9. Birthplace

Boonsboro Wash. Co. Md.

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Own Home

FATHER

12. Name

Hillary P. Lynch

13. Birthplace

Boonsboro Wash. Co. Md.

MOTHER

14. Maiden name

Mary D. Neal

15. Birthplace

Near Myersville Ind. Co. Md.

16. Informant

Harry E. Weaver

Address

112 E. 1st St. Hagerstown Md

17.

(Burial, cremation, or removal. Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Burial - Boonsboro Cemetery

Location

Boonsboro Md.

18. Funeral director

Wm. J. Bast & Sons

Address

Boonsboro Md.

19.

(Date rec'd by registrar)

Mar. 5 - 48 Health Bowers

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March - 2 - 19 48 at 4:10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 419 47, to Mar 219 48

and that I last saw him alive on

Mar 219 48

Immediate cause of death

Cerebral Sclerosis

DURATION

11/4/47

Due to

arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. L. Porterfield M.D.

M. D. or other

Address

136 W Washington

Date signed

3/3/48

RECEIVED

MAR 8 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town HAGERSTOWN Md. Route 40
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Washington County Hospital
 How long in hospital or institution? Pronounced at hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Rural Hancock, Md.
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Hancock, Md. R D 2
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3.(a) FULL NAME

Homer Ernest Weller

3.(b) Social Security Number

218-01-1856

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Divorced

8.(b) Name of husband or wife Mabel Younker Weller

6.(c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.) July 24, 1908

8. AGE: Years 39 Months 7 Days 24 If less than one day
hrs.min.

9. Birthplace Washington County, Md.
 (Town, county, and state)
 10. Usual occupation Employee of Victor Prod.

11. Industry or business

FATHER 12. Name Albert L. Weller
 13. Birthplace Washington County, Md.
 MOTHER 14. Maiden name Hester Ann Younker
 15. Birthplace Washington County, Md.

16. Informant Roger E. Weller
 Address Hancock, Md. R D 2

17. Burial Mar. 23-48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Stone Bridge Dunkard Cem.
 Location Near Sylvan, Pa.

18. Funeral director Snyder-Rowland Funeral Home
 Address Hancock, Maryland.

19. Mar 24 48 Registrar Blanch Powers
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19, 1948 at 7:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Mar 18-48 to Mar 18-48
 and that I last saw him alive on Mar 19-48

Immediate cause of death

DURATION

fractured skull 1 hr

Due to.....
 Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.....

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Accident Date of 3/18/48
 Where did injury occur? #40 7 miles E of Hancock, Md
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) Truck #40
 Means of injury auto Injured at work?

23. SIGNATURE J. E. Weller M. D. or other act as
 Address Hagerstown, Md Date signed 3/24/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 26 1948

BUREAU Y 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dr. Yeager

03204

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 28 Years
 Hospital, institution, or street address where death occurred:
125 King St.
 How long in hospital or institution? ---

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 125 King St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

JOHN EDWARD WHITE Sr.

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widower
 6.(b) Name of husband or wife Emma V.
 6.(c) If alive, give age -- years
 7. Birth date of deceased (mo., day, yr.) September 15, 1849
 8. AGE: Years 98 Months 5 Days 17 It less than one day hrs. min.
 9. Birthplace: Hagerstown, Washington Co., Md.
 (Town, County, and state)
 10. Usual occupation Mechanic
 11. Industry or business Retired
 12. Name Daniel White
 13. Birthplace Hagerstown, Md.
 14. Maiden name Margarett Burkett
 15. Birthplace Hagerstown Md.

16. Informant Miss Hattie White
 Address Hagerstown Md.
 17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof 3/4/48
 (month) (day) (year)
 Cemetery or crematory Rose Hill Cemetery
 Location Hagerstown Md.
 18. Funeral director Andrew K. Coffman
 Address Hagerstown Md.
 19. Mar. 3, 1948 Charles Powers
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2, 1948 at 5A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 30, 1925 to March 2, 1948
 and that I last saw him alive on March 1, 1948

Immediate cause of death Hypertensive Cardiac Disease
 Due to Myocardial Failure
 Due to 10 yr. + 6 day
 Other conditions None

(Include pregnancy within 3 months of death)

Major findings of operations None
 Date of op. ---
 Autopsy results no
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide X Date of X
 Where did injury occur? X (City or town) X (County) X (State)
 Injured at home, farm, industry, public place (where?) X
 Means of injury --- Injured at work? ---

23. SIGNATURE W. Howard Yeager
Hagerstown, Md. M. D. or other Mar. 2, 1948
 Address --- Date signed ---

RECEIVED

MAR 5 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

810

03205

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 mo.
 Hospital, institution, or street address where death occurred:
Hagerstown Washington Co. Hosp.
 How long in hospital or institution? 8 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Wash
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 437 N. Schouten St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Dashiell Arturo Williams

3. (b) Social Security Number

4. Sex

M

5. Color or race

C.

6. (a) Single, married, widowed, or divorced

Infant

5. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Nov. 19, 1947

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

040

hrs.

min.

9. Birthplace

Wash Co Hosp. Hagerstown, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

Charles Burnett

13. Birthplace

Hagerstown Md.

14. Maiden name

Julia Hazel Williams

15. Birthplace

Hagerstown

16. Informant

Address

Thomas Johnson
Williamsport, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

3-20-48
(month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown Md.

18. Funeral director

Address

William H. Downey
291 Fredrick St Hagerstown

19.

(Date rec'd by registrar)

Mar 20, 48
W. H. Downey

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 19, 1948 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 28, 48 to March 19, 48and that I last saw him alive on March 18, 1948

Immediate cause of death

Meningitis
streptococcal

DURATION

24 hrs.

Due to

Other conditions

Septic

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Robert F. Badle

M. D. or other

Address 132 W. Wash StDate signed 3-19-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The lower age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 23 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03206

Reg. Dist. No.

304

1. PLACE OF DEATH:

County WashingtonCity or town Rural Hancock

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Route 40 Park Head Level

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town Rural Hancock

(If outside city or town limits, write RURAL and give nearest town)

Street No. Hancock, Md. R D 2

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Harry E. Younker

3. (b) Social Security Number

220-09-9296

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
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6. (b) Name of husband or wife Florence C.

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1884

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>4</u>	<u>14</u>	_____ hr. _____ min.

9. Birthplace Wash. Co. Md.

(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

12. Name Isaac Younker13. Birthplace Wash. Co. Md.14. Maiden name Mary Hull15. Birthplace Wash. Co. Md.16. Informant Florence C. YounkerAddress Hancock R. D. #217. Burial Date thereof Mar. 23, 1948

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Stone Bridge CemeteryLocation Hancock R.D. #218. Funeral director Snyder-RowlandAddress Hancock, Md.3/29-48

19. (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19-48 19____, at 6 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 19-48 19____ March 19-48and that I last saw h. dead March 19-48 19____

Immediate cause of death _____ DURATION

Fractured skull instantDue to Right side of chest crushedDue to Fracture of arm + rib

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

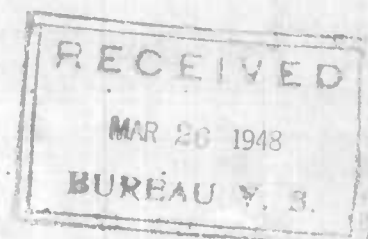
Accident, suicide, or homicide Accident Date of 3/19/48Where did injury occur #40 7 mile E Hancock Md

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) #40Means of injury Auto wheel crushed Injured at work?CH-148 abc23. SIGNATURE A. SW Orth M. D. or otherAddress Hancock Md Date signed 3/19/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

03207

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County... Washington

City or town... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution?

3 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Washington

City or town... Hancock R D
(If outside city or town limits, write RURAL and give nearest town)Street No... Sylvan Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Lloyd William Younker

3. (b) Social Security Number

220-03-3867

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Mildred F. Younker

7. Birth date of deceased (mo., day, yr.)

October 6, 1916

6. (c) If alive, give age years

8. AGE:

Years

31

Months

5

Days

13

If less than one day

hrs. min.

9. Birthplace... Washington County, Md.

(Town, county, and state)

10. Usual occupation

Employee of Victor Products

11. Industry or business

FATHER

12. Name

Harry E. Younker

13. Birthplace

Washington County, Md.

MOTHER

14. Maiden name

Florence Myers

15. Birthplace

Washington County, Md.

16. Informant

Mrs. Mildred F. Younker

Address

Hancock, Md. R D

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof... Mar. 23-48
(month) (day) (year)

Cemetery or crematory

Stone Bridge Cemetery

Location

Sylvan, Pa.

18. Funeral director

Snyder-Rowland Funeral Home

Address

Hancock, Md.

19. Mar. 22, 1948

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... March 19, 1948... 19... el. 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 18-48 to March 18-48
and that I last saw him on March 18-48

Immediate cause of death

DURATION

Fractured Pelvis
Due to... Fractured Pelvis } 3 hrs
Fractured Tibia
Due to... Chained Chest
Fractured Femur

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Accident Date of 3/19/48

Where did injury occur? Rte 40 7 mi E Hancock Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Rte 40

Means of injury Auto accident Injured at work?

23. SIGNATURE

M. D. or other

Address... Hagerstown Md Date signed 3/22/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

